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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NATIONAL INSTITUTES OF HEALTH OFFICE OF TECHNOLOGY TRANSFER **6011 EXECUTIVE BLVD SUITE 325** ROCKVILLE, MD 20852-3804 (Depositor's name) (Signature) (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE CONFIRMATION NO. 05/22/1998 BRIAN R. MURPHY 09/083,793 17634-000320 4558 TITLE OF INVENTION: PRODUCTION OF ATTENUATED PARAINFLUENZA VIRUS VACCINES FROM CLONED NUCLEOTIDE SEQUENCES APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1400 \$1400 12/26/2006 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** 424-211100 CHEN, STACY BROWN Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Birchh Stewart, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Kolasch & Birch, LLP 00000157 09083793 ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 82 FC:8881 1400.00 Op 12.00 OP 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States of America, represented by the Secretary, Rockville, Maryland 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Issue Fee ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>02-2448</u> (enclose an extra copy of this form). Advance Order - # of Copies _ 4 (four) 5. Change in Entity Status (from status indicated above) (If necessary)

Mark J. Nuell 36,623 Registration No. _ Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Date December 21, 2006